



**ALEXANDER  
CITY**  
ALABAMA

P.O. Box 552 • Alexander City • Alabama 35011-0552 • (256) 329-6700

www.alexandercityal.gov

**EMPLOYMENT APPLICATION**

Date \_\_\_\_\_

Applicant Information					
Full Name:					
Street Address:			Phone Number:		
City, State, Zip Code:					
Is there another phone number at which you may be reached?					
Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/> If you are less than 18, list your age and date of birth					
Email address:					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for the City?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Have you ever been convicted of or pled guilty to a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		
Do you have any pending criminal charges	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Should you be selected for employment with the City of Alexander City, you will be required to submit proof of U.S. citizenship or other valid employment authorization as required by the Immigration and Naturalization Service prior to beginning work.

Position Applied for:
Please list any special skills, experience or training you may have which might relate to our business:

Education					
Type of School	Name and Address of School	Years Completed	Did you Graduate or receive a HS equivalent GED?		Major Course of Study and Degree Granted
High School			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Other			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**References**

Please list persons whom we may contact who know your qualifications.

Name	Address	Phone	Occupation

**Previous Employment**

Past or Last Employer:		Name of Supervisor:	
Address:		Phone No.:	
Date: from	to	Salary \$	
Starting Position:		Ending Position:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Past or Last Employer:		Name of Supervisor:	
Address:		Phone No.:	
Date: from	to	Salary \$	
Starting Position:		Ending Position:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Past or Last Employer:		Name of Supervisor:	
Address:		Phone No.:	
Date: from	to	Salary \$	
Starting Position:		Ending Position:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**Military Service**

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If discharge is other than honorable explain:		

**Consent**

The City of Alexander City operates under a "DRUG FREE" workplace policy. Upon offering you a job position, you will be asked to submit to a drug test. Any employment we may offer will be based on the results of the drug test. The offer is dependent upon you passing the test. Drug tests are done at the City's physician's office. If you test positive the employment is terminated.

By signing this, I agree to the "DRUG FREE" workplace policy.

**Signature**

**Date**

**Disclaimer and Signature**

This City is an equal employment opportunity employer. Federal and state laws prohibit discrimination in employment practices because of race, color, religion, sex, national origin, citizenship status, marital status, veteran's status, age or disability if otherwise qualified with or without reasonable accommodation. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, national origin, citizenship status, marital status, veteran's status, age or disability.

I certify that all of the information given by me on this application or in supplemental form is true and correct to the best of my knowledge and belief. I further understand that false or misleading statements or omissions of any kind on this application or supplemental forms are sufficient cause for my not being hired or my dismissal if I am hired.

I agree, understand and authorize the City to send me to the City's physician for a medical examination. I understand that if I am offered employment, such offer is conditional upon the City's satisfaction with the results of my pre-employment physical examination or medical history inquiries. I understand that if I falsify responses to medical inquiries, including my history of worker's compensation claims, I may be terminated from employment and precluded from receiving worker's compensation benefits.

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States. I agree, understand and authorize the City to E-Verify my I-9 form information to confirm work authorization. I authorize the persons or organizations referenced in this application to give the City any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and I release all such parties from all liability for any damage that may result from furnishing such information to this City.

It is agreed and understood that this Application for Employment in no way obligates the City to employ me. If employed, I agree and understand that my employment is for no definite duration and may be terminated at-will by either the City or me. It is agreed and understood by me that participation in any of the benefit programs of the City does not create a contract of employment for a definite period of time. Additionally, the Employment Handbook or other statements of City policy is not a contract and cannot create a contract of employment for any definite duration.

I understand that workplace harassment and discrimination are prohibited. I agree to follow the City's policies regarding workplace harassment and discrimination, including reporting any behavior that may violate these policies, whether by another employee, a customer or anyone else I am in contact with during the course of my employment.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete, to the best of my knowledge.

**Signature**

**Date**